

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert Cabil FSA
10903 New Hampshire Ave.
Klein Spring MD

118-2 10993-00023
4860 9590 9402 3983 8079 1778 93

2. Article Number (Transfer from service label)
9 0 0 7 1 0 5 2 7 0 1 9 5 8 9 0 8 5 5 1
(over \$50)

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

**D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No**

3. Service Type

Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation
 Collect on Delivery Restricted Delivery Restricted Delivery

1000 Defense Pentagon
Washington DC 20330-1000
9590 9402 3983 8079 1779 23
3. Article Number (Transfer from service label)
9 5 8 9 0 7 1 0 5 2 7 0 1 9 5 8 9 0 8 5 2 0
(over \$50)

Domestic Return Receipt

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1. Article Addressed to:

John Huston III
1000 Defense Pentagon
Washington DC 20330-1000
9590 9402 3983 8079 1779 23
3. Article Number (Transfer from service label)
9 5 8 9 0 7 1 0 5 2 7 0 1 9 5 8 9 0 8 5 2 0
(over \$50)

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

**D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No**

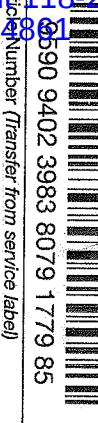
3. Service Type

Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation
 Collect on Delivery Restricted Delivery Restricted Delivery

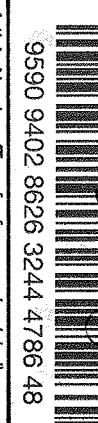
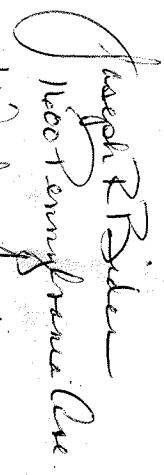
John Huston III
1000 Defense Pentagon
Washington DC 20330-1000
9590 9402 3983 8079 1778 62
3. Article Number (Transfer from service label)
9 5 8 9 0 7 1 0 5 2 7 0 1 9 5 8 9 0 8 5 8 2
(over \$50)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		
COMPLETE THIS SECTION ON DELIVERY		
<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>		
<p>Article Addressed to:</p> <p>Adam Schiff U.S. Capitol H154 Washington, DC 20515</p>		

SENDER: COMPLETE THIS SECTION		
COMPLETE THIS SECTION ON DELIVERY		
<p>A. Signature </p> <p>X </p> <p>B. Received by (Printed Name) Ben Ramos C. Date of Delivery 6/26/24</p>		
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p>		
<p>S Form 3811, July 2015 PSN 7530-02-000-9053</p>		

SENDER: COMPLETE THIS SECTION		
COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		
<p>1. Article Addressed to:</p> <p>Sen. Charles Schumer 322 Hart Senate Bldg. Washington, DC 20510</p>		

SENDER: COMPLETE THIS SECTION		
COMPLETE THIS SECTION ON DELIVERY		
<p>A. Signature </p> <p>X </p> <p>B. Received by (Printed Name) Joseph R. Biden C. Date of Delivery 11/01/20</p>		
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation™ Restricted Delivery</p>		
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		

RENDER: COMPLETE THIS SECTION

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08224

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, on the front if space permits.

Mailpiece Addressed to:

COMPLETE THIS SECTION ON DELIVERY	
<p>A. Signature</p> <p>X </p>	
B. Received by (Printed Name)	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
C. Date of Delivery	6/22/24
<p>D. Is delivery address different from item 1?</p> <p>If YES, enter delivery address below:</p> <p><input checked="" type="checkbox"/> No</p>	

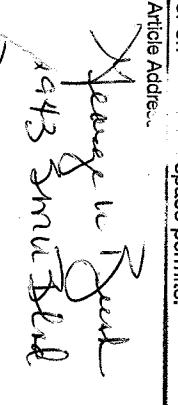
Document 118-2 Filed 10/5/10
4802

2. A
S. 14th Street Unit 510
Name Medium
New York ny 10009

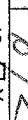
Open 24 hours 7 days a week 4770 121



3. Service Type	
<input type="checkbox"/> Adult Signature	Priority Mail Express®
<input type="checkbox"/> Certified Mail®	Registered Mail™
<input type="checkbox"/> Certified Mail Restricted Delivery	Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	Return Receipt for and/or Confirmation™ Delivery
Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	
■ Complete items 1, 2, and 3.	
or on	
your name and address on the reverse	
can return the card to you.	
rd to the back of the mailpiece,	
* space permits.	
1. Article Address	
	

COMPLETE THIS SECTION ON DELIVERY	
<p>A. Signature</p> <p>X <i>Secret</i></p>	
<p>B. Received by (Printed Name)</p>	
<p>C. Date of Delivery</p>	
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p>	
<p>If YES, enter delivery address below: <input type="checkbox"/> No</p>	

COMPLETE THIS SECTION ON DELIVERY	
<p>A. Signature</p> 	
<p>B. Received by (Printed Name)</p> 	
<p>C. Date of Delivery</p> 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p>	

2. Article Number	9590 9402 8626 3244 4786 00
PS Form 3811, July 2020 PSN 7530-02-000-9053	 

Domestic Return Receipt	
94	(over \$50)
<input type="checkbox"/> Fail Restricted Delivery <input type="checkbox"/> Delivery Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Restricted Delivery	
3. Service Type	
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery	

Case 3:24-cv-00156

3. Service Type	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted

9590 9402 3983 8079 1780 05
Article Number (*Transfer from service label*)
589 0710 5270 1958 900

34	14	<input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation
		Restricted Delivery	Restricted Delivery